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FM AMEMBASSY BEIJING

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RUEHBK/AMEMBASSY BANGKOK 6850

RUEHAST/AMCONSUL ALMATY 0009

RUEHC/SECSTATE WASHDC 7574

INFO RUEHOO/CHINA POSTS COLLECTIVE

RUEAUSA/DEPT OF HHS WASHINGTON DC

RUEHRC/DEPT OF AGRICULTURE WASHDC

RUCPDOC/DEPT OF COMMERCE WASHDC

RUEATRS/DEPT OF TREASURY WASHINGTON DC

RHMFIU/DEPT OF HOMELAND SECURITY WASHINGTON DC

RUEKJCS/SECDEF WASHDC//USDP/ISA/AP//

RHEHNSC/NSC WASHDC

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HHS PASS TO MONAHAN AND MILLER

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INFLUENZA PASS TO COX AND TO EMERGING INFECTIONS PASS TO PINNER

AMEMBASSY GUATEMALA CITY FOR CDC AND PASS TO DANIEL AND SCHOMOYER

AMEMBASSY NAIROBI FOR CDC AND PASS TO DECOCK, WHEELER AND BREIMAN

AMEMBASSY CAIRO FOR CDC AND PASS TO DUEGER

AMEMBASSY BANGKOK FOR CDC AND PASS TO MALISON, CHONG AND MALONEY

USOFFICE ALMATY FOR CDC AND PASS TO MORAN

STATE FOR EAP/CM, OES/PCI, AND OES/IHB

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SIPDIS

TAGS: [PREL](#) [SENV](#) [TBIO](#) [SOCI](#) [CH](#) [GT](#) [KE](#) [EG](#) [TH](#) [KZ](#)

SUBJECT: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (U. S. CDC) ENHANCES EMERGING INFECTIOUS DISEASE INVESTIGATION, RESPONSE AND CONTROL IN CHINA

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¶11. (SBU) Summary: The U.S. Centers for Disease Control and Prevention (U.S. CDC) and U.S. Department of Health and Human Services (U.S. HHS) have a strong and valued partnership with China's Ministry of Health (MOH), Chinese Center for Disease Control and Prevention (China CDC) and Chinese Academy of Medical Sciences (CAMS). In 2005, the China MOH and the U.S. HHS signed a Memorandum of Understanding (MOU) to establish the China-U.S. Collaborative Program on Emerging and Re-emerging Infectious Diseases (EID), which includes activities of the U.S. CDC, the U.S. Food and Drug Administration (FDA), and the U.S. National Institutes of Health (NIH). To date, the vast majority of the work has been with U.S. CDC and the rest with NIH. During 2010, these agencies will work to renew the MOU and include future project areas and partnerships across the Chinese Government and with universities. This cable provides an overview of the U.S. HHS and MOH Collaborative Committee Meeting and the EID annual meeting; and provides the timeline for the next MOU completion and highlighting U.S. CDC's 2010 activities.

THE FUTURE OF THE U.S.-CHINA COLLABORATION ON INFECTIOUS DISEASE RESPONSE

¶12. (SBU) On 2 December 2009, the China-U.S. Collaborative Program on Emerging and Re-emerging Infectious Diseases (EID) held its annual Collaborative Committee Meeting. Representatives from the United States' HHS, CDC, FDA and NIH met with counterparts from China's Ministry of Health (MOH), the Chinese Center for Disease Control and Prevention (China CDC) and the Chinese Academy of Medical Sciences (CAMS). As stipulated in the EID MOU, this Collaborative Committee Meeting between U.S. HHS and China MOH is held annually to guide EID activities. Dr. REN Minghui (MOH) and Mr. John Monahan (HHS) co-chaired the meeting. Beijing based HHS

staff including Ms. Elizabeth Yuan (HHS), Dr. Jeffrey McFarland (CDC), Dr. Ray Chen (NIH) and Dr. Brenda Uratani (FDA) actively participated as representatives for their respective agencies during the meeting. Both sides endorsed the importance of the EID cooperation towards building China's capacity to respond to emerging and re-emerging infectious diseases such as the current H1N1 pandemic. The meeting had three primary outcomes: (1) an agreement on EID focus areas, including broadening of partnerships within China and expansion of work within current partnerships; (2) a decision to conduct an evaluation and assessment of the 5-year cooperation to date; (3) and a plan and timeline to renew the 5-year EID MOU.

13. (U) Meeting attendees decided on priority projects for the 2010 EID collaboration and agreed in principle to include language in the next MOU expanding the type and number of Chinese partners, including local governments and universities. Building capacity for infectious disease programs and research in China remains the highest priority of the collaboration. China MOH specifically expressed a desire for an increase in the number of senior China CDC officials participating in fellowships at U.S. CDC headquarters, increased training offered by U.S. experts in China, quality assurance training for seasonal influenza surveillance networks sites and expansion of the U.S. CDC supervised Chinese Field Epidemiology Training Program to 80 graduates per year from the current 15 and provincial placements to at least 20 provinces compared to the current 12. The Chinese counterparts specifically mentioned potential future or expanded collaboration on the following pathogens: emerging respiratory infectious diseases (including influenza A / H5N1, so called bird flu and influenza A/ H1N1, the current pandemic influenza), multi-drug resistance tuberculosis (MDR-TB), hospital infection control, hand foot and mouth disease (HFMD-EV71), rickettsiosis and zoonoses. Partners

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also discussed strengthening the cooperation between public health disease control services and clinical medicine entities in the control of hospital infections, studying severe and fatal H1N1 cases, and assessing H1N1 prevention and control measures. Lastly, the parties agreed to broaden the cooperation by encouraging future collaborations with other ministries such as the Ministry of Agriculture (MOA) and Ministry of Science and Technology (MOST), as well as valuable collaborations with provincial and sub-provincial health authorities and universities.

14. (U) Both parties agreed that an evaluation of the EID program should occur before revising the MOU for renewal. Dr. Jeffrey McFarland (CDC) and experts from China CDC will coordinate this effort and complete an evaluation report no later than mid-March, 2010.

15. (U) The EID MOU renewal process will begin following the results of the joint evaluation. A draft of the MOU will be discussed by key officials in Geneva, Switzerland during the World Health Assembly in May 2010. This process will be coordinated by Ms. Elizabeth Yuan (HHS) and Mr. NIE Jiangang (MOH). Signing of the final MOU should occur before October 31, 2010, the date the current MOU is set to expire.

U.S. CDC REACTS TO CHINA'S NEEDS AND GLOBAL MITIGATION OF EMERGING INFECTIOUS DISEASE THROUGH ITS 2010 ANNUAL PLAN

16. (U) U.S. CDC's component of the EID collaboration is largely funded by the Global Disease Detection Program (GDD). GDD's work focuses on outbreak response, pathogen discovery, surveillance, training and networking. The 2010 annual plan outlines efforts to help China respond to, mitigate and prevent emerging and re-emerging infectious disease outbreaks both in China and beyond its borders. 2010 activities include: (a) increasing the annual enrollment of the Chinese Field Epidemiology Training Program from 12 to 25 officers; (b) collaborating with provinces to develop basic and intermediate level epidemiologic capacity through the development of provincial training programs; (c) expanding the number and breadth of field investigations of disease outbreaks including assignments and project in non-communicable disease from 80 to 100; (d) conducting surveillance for severe respiratory and central nervous system

infections while supporting the establishment of nationwide Severe Acute Respiratory Infection (SARI) surveillance system; (e) conducting surveillance for foodborne pathogens modeled after the U.S. CDC's PulseNet system; (f) conducting training, developing national policies, and conducting surveys about respiratory infection control, including influenza and multi-drug resistant tuberculosis (MDR-TB); (g) building laboratory capacity at the national and sub-national levels to increase the number of pathogens tested and quality of testing performed including the quality assurance of the influenza virus surveillance network; (h) promoting greater sharing of data, viral isolates and laboratory techniques between U.S. CDC and China CDC; (i) updating the national policies and guidelines on pandemic influenza response; (j) supporting field investigations of influenza outbreaks of significance, including those caused by influenza A / H1N1 and influenza A / H5N1; (k) conducting operational research on the full impact of the H1N1 pandemic, including burden of disease, vaccine effectiveness and description of severe cases and deaths; (l) supporting the National Vaccination Program to assess the influenza vaccination program; (m) conducting training for provincial spokespersons and provincial and sub-provincial health communicators on implementing risk communication principles such as rapid and transparent health information to the public; (n) studying health literacy levels in China's migrant and settled populations in urban locations to

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determine their comprehension of H1N1 prevention messages; (o) and coordinating health messages between and among the national, provincial and sub-provincial health authority communication channels, such as 12320 hotlines, websites, SMS text messaging and media and material development.